



FEB 21 2007

IPW  
PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

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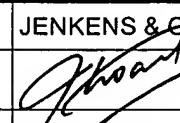
Total Number of Pages in This Submission

Application Number	10/734,925-Conf. #2233
Filing Date	December 12, 2003
First Named Inventor	Axel L. Bernhard
Art Unit	3762
Examiner Name	G. R. Evanisko
Attorney Docket Number	70828-00002USPX

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Restriction Amendment/Reply (Office Action dated 9/22/06)  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Request for Extension (4 mos.) Return Receipt Postcard
Remarks		

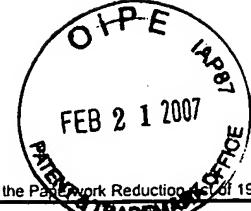
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	JENKENS & GilCHRIST, A PROFESSIONAL CORPORATION		
Signature			
Printed name	Shoaib A. Mithani		
Date	February 16, 2007	Reg. No.	L0067

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 2/16/07

Signature: Carol Marsteller (Carol Marsteller)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Effective on 12/08/2004.

# FEE TRANSMITTAL

## For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,590.00
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Complete if Known	
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Art Unit	3762
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**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 10-0447 Deposit Account Name: Jenkens & Gilchrist, a Professional Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- =	x	=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

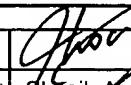
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

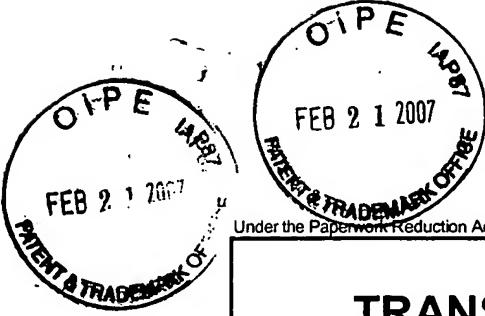
Other (e.g., late filing surcharge): 1254 Extension for response within fourth month

1,590.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		L0067	(214) 855-4630
Name (Print/Type)	Shaib A. Mithani	Date	February 16, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 2/16/07Signature: Carol Marsteller (Carol Marsteller)



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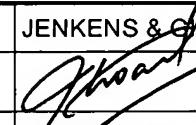
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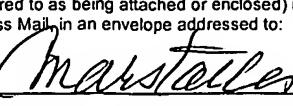
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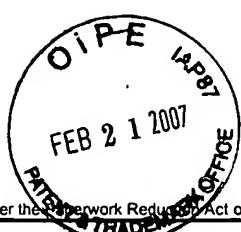
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Firm Name	JENKENS & MULCHRIST, A PROFESSIONAL CORPORATION		
Signature			
Printed name	Shoaib A. Mithani		
Date	February 16, 2007	Reg. No.	L0067

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Dated: 2/16/07

Signature  (Carol Marsteller)



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Examiner Name	G. R. Evanisko
Art Unit	3762
Attorney Docket No.	70828-00002USPX

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 10-0447 Deposit Account Name: Jenkins & Gilchrist, a Professional Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of  Credit any overpayments  
 fee(s) under 37 CFR 1.16 and 1.17

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#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

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 Each independent claim over 3 (including Reissues) 200 100  
 Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-	-	=	x	=

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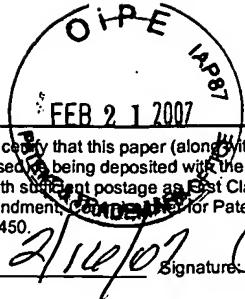
1,590.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	L0067	Telephone (214) 855-4630
Name (Print/Type)	Shoaib A. Mithani		Date	February 16, 2007

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Dated: 2/16/07

Signature:   
(Carol Marsteller)



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Dated: 2/16/07 Signature: Carol Marsteller  
(Carol Marsteller)

Docket No.: 70828-00002USPX  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Axel L. Bernhard et al.

Application No.: 10/734,925

Confirmation No.: 2233

Filed: December 12, 2003

Art Unit: 3762

For: **ELECTRO STIMULATION TREATMENT  
APPARATUS AND METHOD**

Examiner: G. R. Evanisko

**RESPONSE TO RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

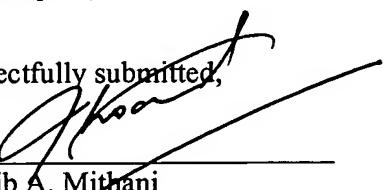
Dear Sir:

In response to the restriction requirement set forth in the Office Action mailed September 22, 2006, Applicant hereby provisionally elects claims 1, 3, and 21 (Group I) for continued examination.

The Examiner has required restriction between claims 1, 3, and 21 (Group I), claims 4-12 (Group II), and claims 13-14, 16-19, and 22 (Group III).

Dated: February 16, 2007

Respectfully submitted,

By   
Shoaib A. Mithani  
Registration No.: L0067  
JENKENS & GILCHRIST, A PROFESSIONAL  
CORPORATION  
1445 Ross Avenue, Suite 3700  
Dallas, Texas 75202  
(214) 855-4500  
Attorneys For Applicant